PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) OPTIONAL MEMBERSHIP ELECTION

If you are receiving a retirement benefit, other restrictions apply to your return to work. Contact the Public Employees' Retirement Board at 1-877-275-7372 (toll free). Should any information in this form conflict with statutes or rules, the statute or rules will apply.

Membership is optional for ne	ew employees in the	following catego	ories. Check a	all that apply:	
Elected official of state or local government paid on a salary or wage basis. Non-member scheduled to work less than 960 hours per fiscal year, cumulative of all employers. Employee directly appointed by the Governor. Employee of the legislative branch, working 6 months or less, performing work related to the legislative session. Chief administrative officer of a city or county. Employee of a county hospital or rest home for a third through seventh class county.					
I, (print name) in the PERS due to my eminactive or retired member	ployment with	erstand that I r		optional mem I am not ar	
I decline membership in PERS I elect to be a member of PERS (Complete a member of PERS (Complete a membership card) The following restrictions apply: If you are currently an active, inactive or retired member of the PERS anyone with funds on deposit with the PERS you are not allowed an election. Only non-members may receive an election. If you decline membership, you may not become a member while still employed in this position unless you exceed 960 hours in a fiscal year. If you decline membership and are terminated but are employed in another optional position within 30 days; you may not become a member in the second optional position. If you decline membership and are terminated but are employed in another optional position 30 days or more after your termination, you are allowed a new election. If you decline membership, you will not receive membership service credit or service credit for employment for which membership was declined. If you work more than 960 hours in a fiscal year, membership is mandatory. You must begin making retirement contributions immediately. If you subsequently accept employment in a position for which retirement is mandatory, you must become a member regardless of your previous election.					
Signature of Employee	Date	Social Security	Number	Date of Birth	<u> </u>
Signature of Employer Represe	ntative	Date	Telep	phone Number	
Return to: Employer retains yellow copy	Public Employees' Ro PO Box 200131 Helena MT 59620-013	1 .		ORMS\ACTIVES\ELE\	
				į v	Rev 10/1999